Case 1:22-cv-00089-CG-N Document 1 Filed 02/25/22 Page 1 of 14

1983 - SOUTHERN

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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Southern District of Alabaman

Division

SHANNON LEE BOONE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

LIDWIN COUNT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

| The | Parties to This Complaint | | | • |
|-----|--|---|---|--|
| A. | The Plaintiff(s) | | | |
| | Provide the information below for needed. | r each plaintiff named in the c | complaint. Atta | ach additional pages if |
| | Name | SHANNON LE | F BOON | F |
| | | 244101000 KE | - 300.0 | Species . |
| | All other names by which you have been known: | | | |
| | ID Number | . 34990 | | |
| | Current Institution | | Declar 1 | Correctional |
| | Address | 154 Industria | Kegional Rock | RD. |
| | | Luccdale | MS | 39452 |
| | | City | State | Zip Code |
| В. | The Defendant(s) | | | |
| | Provide the information below for | each defendant named in the | complaint, wh | nether the defendant is a re that the defendant(s) |
| | Provide the information below for individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity Defendant No. 1 | an organization, or a corporate contained in the above caption of check whether you are bring. | tion. Make sur on. For an indi- nging this com- nal pages if ne | re that the defendant(s) vidual defendant, includ plaint against them in the eded. |
| | individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity | an organization, or a corporate contained in the above caption of check whether you are bring. | tion. Make sur on. For an indi- nging this com- nal pages if ne | e that the defendant(s) vidual defendant, includ plaint against them in th |
| | individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity of the person of the | an organization, or a corporate contained in the above caption of check whether you are britacity, or both. Attach addition | tion. Make sur on. For an indi- nging this com- nal pages if ne | re that the defendant(s) vidual defendant, includ plaint against them in the eded. |
| | individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity or official capacity. Defendant No. 1 Name Job or Title (if known) Shield Number | an organization, or a corporate contained in the above caption of check whether you are bring acity, or both. Attach addition | tion. Make sur on. For an indi- nging this com- nal pages if nea | re that the defendant(s) vidual defendant, includ plaint against them in the eded. |
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| | individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity or official capacity. Defendant No. 1 Name Job or Title (if known) Shield Number Employer | an organization, or a corporate contained in the above caption of check whether you are brinacity, or both. Attach addition BALDWIN COURTS COURTS | tion. Make sur on. For an indivinging this command pages if new | re that the defendant(s) vidual defendant, includ plaint against them in the eded. ABAMA (ectional Final Stip Code |
| | individual, a government agency, listed below are identical to those the person's job or title (if known) as individual capacity or official capacity or official capacity. Defendant No. 1 Name Job or Title (if known) Shield Number Employer | an organization, or a corporate contained in the above caption of check whether you are bring acity, or both. Attach addition BALDWIN COURSE BALDWIN (OUR BALDWIN COURSE) BALDWIN COURSE BALDWIN (OUR BALDWIN COURSE) Individual capacity | tion. Make sur on. For an indivinging this command pages if new AL State Official of | re that the defendant(s) vidual defendant, includ plaint against them in the eded. ABAMA Cectional Final Sup Code capacity |
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| Pro Se 14 (Rev. | . 12/16) Complaint for Violation of Civil Rights (Prisoner |) |
|-------------------|--|---|
| | Defendant No. 3 Name Job or Title (if known) Shield Number Employer Address | Arthory Thomas Boone 22272 Little River AL 36550 City State Zip Code [Individual capacity Official capacity] |
| | Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address | Little River Vol Fire Dept STAE HUTY 59 Little Kluer AL 36550 City State Zip Code Individual capacity Official capacity |
| Und imn Fed | nunities secured by the Constitution and [f | r local officials for the "deprivation of any rights, privileges, or federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 971)</i> , you may sue federal officials for the violation of certain |
| А. | Are you bringing suit against (check all Federal officials (a Bivens claim) State or local officials (a § 1983) | |
| В. | the Constitution and [federal laws]." | he "deprivation of any rights, privileges, or immunities secured by 42 U.S.C. § 1983. If you are suing under section 1983, what t(s) do you claim is/are being violated by state or local officials? |
| C. | Plaintiffs suing under <i>Bivens</i> may only | y recover for the violation of certain constitutional rights. If you clonal right(s) do you claim is/are being violated by federal |

| Pro Se | e 14 (Rev. | 12/16) Complaint for Violation of Civil Rights (Prisoner) | | | | |
|--------|--------------------------------|--|--|--|--|--|
| | | | | | | |
| | D. | Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed. | | | | |
| | | Used Excessur Force Without Variant or Problem Const | | | | |
| III. | Pris | oner Status | | | | |
| | Indic | tate whether you are a prisoner or other confined person as follows (check all that apply): | | | | |
| | | Pretrial detainee | | | | |
| | | Civilly committed detainee | | | | |
| | | Immigration detainee | | | | |
| | | Convicted and sentenced state prisoner | | | | |
| | | Convicted and sentenced federal prisoner Other (explain) VNKnows | | | | |
| | | | | | | |
| IV. | State a alleged further any ca | is briefly as possible the facts of your case. Describe how each defendant was personally involved in the discount wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed. If the events giving rise to your claim arose outside an institution, describe where and when they arose. | | | | |
| | A., | | | | | |
| | | 72272 STATE HWY 59 Little River AL 36550 | | | | |
| | B. | If the events giving rise to your claim arose in an institution, describe where and when they arose. | | | | |
| | | BALDWIN COUNTY ALABAMA | | | | |

| Pro Se | 14 (Rev. 12/ | 16) Complaint for Violation of Civil Rights (Prisoner) |
|--------|---------------------|---|
| 110 30 | C. | What date and approximate time did the events giving rise to your claim(s) occur? |
| | | November - December - Unknown |
| | D. | What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) |
| | | |
| | | access to the ment wastest NA M WHITE |
| V. | Injurie | Officers Insured me and CHRISTINA M. WHITE s(Little River vol Fire Dept WILLNESS) |
| | If you s treatme | ustained injuries related to the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive. |
| | | |
| | | |
| | TA2 | ER SHOT TO MHEART AN BODY SLAMED WIFE |

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$ 91 M. U.S.D. Loss of life, liberty, Happyness, Business

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

| A. | Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? |
|----|---|
| | Yes |
| | No |
| | If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). |
| | |
| | |
| В. | Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure? |
| | Yes |
| | □ No |
| | Do not know |
| | |
| C | Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims? |
| | Yes |
| | □ No |
| | Do not know |
| | If yes, which claim(s)? |
| | |
| | |
| | |

| Pro Se 14 (Rev. 1 | 2/16) Complaint for Violation of Civil Rights (Prisoner) |
|-------------------|--|
| D. | Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint? Yes No If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility? Yes No |
| E. | If you did file a grievance: 1. Where did you file the grievance? Gerorg County Regional Correctional Facility 2. What did you claim in your grievance? |
| | INSURED BY ALABAMA LAW IN BALDWIN Count. 3. What was the result, if any? SENT TO DOCTOR 4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.) |
| | NONE |

| Pro Se 1 | 4 (Rev. 12/) | 6) Complaint for Violation of Civil Rights (Prisoner) |
|--------------|-------------------------------------|---|
| | | |
| | F. | If you did not file a grievance: |
| | | 1. If there are any reasons why you did not file a grievance, state them here: |
| | | |
| | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | 2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: |
| | | (GLRCF) NURSE / Online gricuance to D.C. |
| | G. | Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. |
| | | |
| | | UNKNOWN |
| | | (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.) |
| VIII | Previou | as Lawsuits |
| VIII. | The "the the filin brought malicion | ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g). |
| | To the b | pest of your knowledge, have you had a case dismissed based on this "three strikes rule"? |
| | Yes | S |
| | No | |
| | If yes, s | tate which court dismissed your case, when this occurred, and attach a copy of the order if possible. |
| | | |

| A. | Have you filed other lawsuits action? | in state or federal court dealing with the same facts involved in this |
|----|--|---|
| | Yes | |
| | No | |
| | 140 | |
| B. | If your answer to A is yes, desmore than one lawsuit, descri | scribe each lawsuit by answering questions 1 through 7 below. (If the be the additional lawsuits on another page, using the same format.) |
| | 1. Parties to the previous law | wsuit |
| | Plaintiff(s) | |
| | Defendant(s) | |
| | 2. Court (if federal court, no | ame the district; if state court, name the county and State) |
| | 3. Docket or index number | |
| | 4. Name of Judge assigned t | to your case |
| | 5. Approximate date of filing | g lawsuit |
| | 6. Is the case still pending? | |
| | Yes | The second section of the second section is a second section of the second section of the second section is a second section of the section of |
| | No | |
| | If no, give the approximation | te date of disposition. |
| | | 2- |
| | What was the result of the in your favor? Was the co | case? (For example: Was the case dismissed? Was judgment entere ase appealed?) |
| | | |

| Pro Se 14 (Rev. 12 | /16) Complaint for Violation of Civil Rights (Prisoner) |
|--------------------|---|
| | Yes |
| | No |
| D. | If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.) |
| | 1. Parties to the previous lawsuit |
| | Plaintiff(s) |
| | Defendant(s) |
| | 2. Court (if federal court, name the district; if state court, name the county and State) |
| | 3. Docket or index number |
| | 4. Name of Judge assigned to your case |
| | 5. Approximate date of filing lawsuit |
| | 6. Is the case still pending? Yes |
| | No |
| | If no, give the approximate date of disposition |
| | 7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) |
| | |
| | |

IX. Certification and Closing

В.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

| Signature of Plaintiff | Then Der Bo | | |
|--|----------------|-----------|------------------|
| Printed Name of Plaintiff | SHANNON LEE | BOONE | *** |
| Prison Identification # | 34990 | | |
| Prison Address | 154 Industrial | Park Rd | |
| | lucetale | M5 | 39452 |
| | City | State | Zip Code |
| For Attorneys | | | |
| Date of signing: | | | |
| | | | |
| 0: | | manage an | Service Services |
| Signature of Attorney | | | |
| Printed Name of Attorney | | 46 | |
| Printed Name of Attorney Bar Number | | 75 | |
| Printed Name of Attorney Bar Number Name of Law Firm | BOONE Law F. | rm " | |
| Printed Name of Attorney Bar Number | BOONE Law F. | 'm | |
| Printed Name of Attorney Bar Number Name of Law Firm | BOONE Law F. | State | Zip Code |
| Printed Name of Attorney Bar Number Name of Law Firm | | | Zip Code |

| | EILEN FEB 25 '22 PM 1 25 USDQALS |
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| | UNITED STATES DISTRICT COURT |
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| | Sourthern District of ALABAMA |
| | Here we will be a second of |
| | |
| | SHANNON LEE BOONE |
| | Plaintiff / Petitioner) |
| | V.) Livil Action No. |
| | |
| | BAIDWIN COUNTY ALABAMA) |
| | Defendant / Respondent) |
| | |
| | |
| | COMPLAINT FOR VIOLATION OF |
| - 21 | CIVIL RIGHTS |
| | |
| T | The Parties to this Complaint |
| | The Plaintiff(s) |
| | SHANNON LEE BOONE |
| | 6230 Ledartown Rd Molino FL 32572 |
| 2. | CHRISTINA M. WHITE |
| | 114 mealster ext fundale M5 |
| 3. | Brenda LEE BOONE -850-418-1333 |
| | 6230 Ledortour RD Molino FL 3257 |
| | U.S. Deport ment of Disibilities. |
| | JOHN & Boone - 1274 Little River AL 36550 |
| 11000 | |
| | |

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Shannon Lee Boone 154 Industrail Park Rd. Lucedale, ms 39452

> GEORGE COUNTY REGIONAL CORRECTIONAL FACILITY INMATE MAIL

LEGAL USE ONLY





Federal Court Clerk 113 St Joseph St

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